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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Phone Fax Number

: (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

## FLORIDA LIMITED LIABILITY CO.

REgent Consultancy, LLC

| Certificate of Status | 0        |
|-----------------------|----------|
| Certified Copy        | 0        |
| Page Count            | 04       |
| Estimated Charge      | \$125.00 |

J. BRYAN

JUN 29 2011

6/28/2011

## **COVER LETTER**

|             | Registration :<br>Division of C |   |   |  |
|-------------|---------------------------------|---|---|--|
| SUBJEC      | Regent C                        | onsultancy, LLC   |   |  |
| 502411      |                                 | Name of Limit   | ed Liability Company  |  |
| The enclo   | osed Articles o                 | of Organization and fee(s) are  | submitted for filing.   |  |
| Please re   | turn all corres                 | pondence concerning this matt   | er to the following:  |  |
| Si          | hahid R. Khan                   |   |   |  |
| <del></del> |                                 |   | Name of Person  | ₩5 3   |
| R           | egent Consult                   | uncy, LLC   |   | 11 JUN 28 AM 8: 20 SECRETARY OF STATE SECRETARY OF FLORE FALL AND SSEEF FLORE FALL AND SSEEF FLORE FRANCE OF STATE SECRETARY OF |
|             |                                 |   | Firm/Company  | 28   |
| 4           | 101 Gulf Shor                   | e Boulevard, PH 1, 6-S  | · ·   | SEO 3 T  |
|             |                                 |   | Address   | To, e  |
| Na          | ples, FL 3410                   | <u></u>   |   | 1 Sept. 12   |
|             |                                 | Cit   | y/State and Zip Code  | *******  |
| ar          | nstaley@flext                   |   |   |  |
| For furth   | er information                  | e-mail undress: (to be used in concerning this matter, please                                     | or future annual report notification) c call:   |  |
| Timothy     | F. Graham                       |   | at (519 ) 727-2325  |  |
|             | Nume                            | of Person   | Area Code & Daytime Tele  | phone Number   |
| Enclose     | d is a check f                  | for the following amount:   |   |  |
| \$125.00 I  | Filing Fee [                    | \$130.00 Filing Fee &<br>Certificate of Status  | Certified Copy' (additional copy is enclosed)   | \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  |
|             |                                 | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Address Registration Section Division of Corporation Clifton B illding 2661 Executive Center Tallahassee, FL 32301 | 15   |

FL052 - D1/17/2011 C T System Online

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

|  | las   |
|--|---|
| The name of the Limited Liability Compan | y is:   |
| Regent Consultancy, LLC                  | LECORE LECORE   |
| (Must end with the words "Limited        | Liability Company, "LC.," or "LLC.")                          |
| ARTICLE II - Address:                    | \$5.72<br>2.72<br>2.73<br>2.73                                |
|  | ne principal office of the Limited Liability Company is:      |
|  | 27  |
| Principal Office Address:                | Mailing Address:  |
| 4101 Gulf Shore Boulevard North, PH 1    | 4101 Gulf Shore Boulevard North, PH 1                         |
| 6-\$                                     | 6-S   |
| Naples, FL 34103-2911                    | Naples, FL : 4103-2911  |
| C T Corporation System                   |   |
| N  | ame'  |
|  |   |
| 1200 South Pine Island Road              |   |
|  | et address (P.O. Boz. <u>NOT</u> acceptable)                  |
| Florida stro<br>Pla                      | et address (P.O. Box. <u>NOT</u> acceptable) ntation FL 33324 |
| Florida stro<br>Pla                      | et address (P.O. Box. NOT acceptable)                         |

(CONTINUED)

Page 1 of 2

| <u>Title:</u>   |  | Name and Address:   |
|---|--|---|
| "MGR" = Manager   |  |   |
| "MGRM" = Managin  | g Member   | ·   |
| MGR   |  | Shahid R. Khan  |
| The entity is to be man   | same managed   | 4101 Gulf Shore Bo. levard North, PH 1, 6-S   |
| The entity is to be manager-man   | ager-manageu.  | Naples, FL 34103-2011   |
|   |  | F.F.  |
|   |  | · · · · · · · · · · · · · · · · · · ·   |
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| (Use attachment if ne   | cessary)   |   |
| (Use attachment if nee  | cessary)   |   |
|   | • ·  | ate of filing:  |
| CLEV: Effective date,   | if other than the d  | ate of filing: (OPTIONAL) specific and cannot be more than five business days pr  |
| CLEV: Effective date,   | if other than the d  | ate of filing: (OPTIONAL) specific and cannot be more than five business days pr  |
| CLE V: Effective date, effective date, to   | if other than the d  | ate of filing: (OPTIONAL) specific and cannot be more than five business days pr  |
| CLE V: Effective date,<br>effective date is listed, to<br>I days after the date of  | if other than the d<br>the date must be :<br>f filing.)  | ate of filing: (OPTIONAL) specific and cannot be more than five business days pr  |
| CLE V: Effective date, effective date, to   | if other than the d<br>the date must be :<br>f filing.)  | ate of filing: (OPTIONAL) specific and cannot be more than five business days pr  |
| CLE V: Effective date,<br>effective date is listed, to<br>the date of   | if other than the d<br>the date must be :<br>f filing.)  | ate of filing: (OPTIONAL) specific and cannot be more than five business days pr  |
| CLE V: Effective date, effective date, of the date of days after the date of REQUIRED SIGNA   | if other than the d<br>the date must be :<br>f filing.)  | specific and cannot be more than five business days pr  |
| CLE V: Effective date, effective date, of the date of days after the date of REQUIRED SIGNA   | if other than the d<br>the date must be :<br>f filing.)  | ate of filing: (OPTIONAL) specific and cannot be more than five business days proceedings and cannot be more than five business days proceeding the control of a member.  |
| CLE V: Effective date, effective date is listed, to days after the date of REQUIRED SIGNA   | if other than the d<br>the date must be :<br>f filing.)  | or an authorized representative of a member.  |
| CLE V: Effective date, effective date is listed, to days after the date of REQUIRED SIGNA  Sign  (In accordance constitutes at                              | if other than the dethe date must be so filling.)  TURE  nature of a member ce with section 608.4 in affirmation under the section of the sec | or an authorized representative of a member.  108(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.  |
| CLE V: Effective date, offective date is listed, to days after the date of REOUIRED SIGNA  Sign  (In accordance constitutes as a larn aware to              | if other than the dethe date must be a filling.)  TURE  nature of a member ce with section 608.4 in affirmation under that any false information that any false information information and filling that any false information information under the false inf | or an authorized representative of a member.  108(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, atton submitted in a document to the Department of State |
| CLE V: Effective date, effective date is listed, to days after the date of REQUIRED SIGNA  Sign  (In accordance constitutes at 1 arn aware to constitutes a | if other than the dethe date must be a filling.)  TURE  nature of a member ce with section 608.4 in affirmation under that any false information that any false information information and filling that any false information information under the false inf | or an authorized representative of a member.  108(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.  |

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designati; n of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)